

CITY OF HOLLISTER
COMMUNITY DEVELOPMENT DEPARTMENT
375 FIFTH STREET
HOLLISTER CA 95023
(408) 636-4360 FAX 636-4364

SITE AND ARCHITECTURAL APPLICATION NO.

SIGNS

1. Applicant(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

2. Property Owner(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

3. Property Location: _____

4. Assessor Parcel Number(s): _____

5. Size of Property (acres or square feet): _____

6. Size and Height of Proposed Sign: _____

7. Certification: The facts, maps and documents submitted herewith are true, correct and accurate to the best of my knowledge. If the request is granted, I (we) agree that the provisions of City and State Law will be complied with and the conditions, if any, upon which the permit is granted will be carefully observed.

Owner' Signature

Application will not be accepted without owner's signature.

Applicant's Signature

Staff Use Only

Received by: _____ Date: _____

Fee: _____ Receipt Number _____

